

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE</b> <b>DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations		Date	11/7/18
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	11/30/2018
Establishment <b>Perkins Restaurant</b>		Location <b>219 E Central Ave</b>		Phone <b>814-337-6300</b>	
License / Permit #	Contact/Permit Holder <b>Marc Teaberry</b>	Purpose of Inspection <u>Routine</u> Follow-up	Est Type FS <u>RS</u>	Risk Category <u>High</u> Medium Low	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.  
**IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Demonstration of Knowledge</b>				<b>Potentially Hazardous Food Time/Temperature</b>			
1	IN OUT			16	IN OUT N/A N/O		
				17	IN OUT N/A N/O		
				18	IN OUT N/A N/O		
2	IN OUT			19	IN OUT N/A N/O		
3	IN OUT			20	IN OUT N/A		
				21	IN <u>OUT</u> N/A N/O		X
4	IN OUT N/O			22	IN OUT N/A N/O		
5	IN OUT N/O						
<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>			
6	IN OUT N/O			23	IN OUT N/A		
7	IN OUT N/A N/O			<b>Highly Susceptible Populations</b>			
8	IN OUT			24	IN OUT N/A		
<b>Approved Sources</b>				<b>Chemical</b>			
9	IN OUT			25	IN OUT N/A		
10	IN OUT N/A N/O			26	IN OUT N/A		
11	IN OUT			<b>Conformance with Approved Procedures</b>			
12	IN OUT N/A N/O			27	IN OUT N/A		
<b>Protection from contamination</b>				<b>Risk factors</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.			
13	IN OUT N/A						
14	IN <u>OUT</u> N/A		X				
15	IN OUT						

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.  
 Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. **COS**=corrected on-site during inspection **R**=repeat violation

		COS	R			COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
28	Pasteurized eggs used where required			41	In-use utensils: properly stored		
29	Water & ice from approved source			42	Utensils, equip & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>				44	Gloves used properly		
31	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
32	Plant food properly cooled for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved thawing methods used			46	Warewashing facilities: installed, maintained, used: test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
<b>Food Identification</b>				<b>Physical Facilities</b>			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				49	Plumbing installed; proper backflow devices		
36	Insects, rodents & animals not present; no unauthorized persons			50	Sewage & waste water properly disposed		
37	Contamination prevented during prep, storage & display			51	Toilet facilities: properly constructed, supplied & cleaned		
38	Personal cleanliness			52	Garbage & refuse properly disposed; facilities maintained		
39	Wiping cloths: properly used & stored			53	Physical facilities installed, maintained & clean		
40	Washing fruits & vegetables			54	Adequate ventilator & lighting: designated areas used		

 Person in Charge (Signature) [Signature]

 Follow-up: YES NO (Circle one)

 Inspector (Signature) [Signature]

Follow-up Date: \_\_\_\_\_

APPROVED

NEW

RE-NEW

✓ RE-INSPECT

# FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE</b> <b>DEPARTMENT OF HEALTH</b>		GREASE TRAP INSTALLED Yes      No	Date <u>11/7/18</u>
Establishment <b>Perkins Restaurant</b>	Address/City/State/Zip Code <b>219 E Central Ave</b>	Phone <b>814-337-6300</b>	

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Freezer	0°				
Walk-in	39				
Sand kit	40°				
Washroom	39°				
Chpdr 46	3.50/17	Date	MAK		
FEC	Used				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
14	Dried Accumulated food residue on microwave plate cover and cutting board on the sandwich prep table. (Cos)
21	RTE prepared food is not all date marked in walk-in cooler (Cos)
37	Dripping condensate from overhead refrigeration unit in walk-in freezer being accumulated in catch tray beneath.
47	Dried splattered food residue in microwave oven interior.
47	Accumulation of grease and dried food residue in troughs of grill and on the weekend.
47	Heavy buildup of grease and food residue on equipment tops, carts and frames in grill area.
49	Puddled water surrounding toilet in employee mess room.
54	One light panel missing above grill line exposing 4 non shielded light bulbs.
54	Heavy dust and grease build-up in hood body where louver is missing adjacent to deep fryer.
	Considerable effort must be made to improve housekeeping at sanitation in the grill line area.
	Suggestion of cleaning schedule as clean-as-you-go method to improve cleaning.

Person in Charge (Signature) <u><i>Thomas E. ...</i></u>	Date: _____
Inspector (Signature) <u><i>[Signature]</i></u>	Date: <u>11/7/18</u>

Re-inspection to be conducted in 2-3 weeks at additional fee.